



DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF UNDERGROUND STORAGE TANKS
APPLICATION FOR FUND ELIGIBILITY
4th Floor, L & C Tower
401 Church Street
Nashville, TN 37243-1541

SECTION 1. FACILITY INFORMATION

Facility ID No. _ - _ _ _ _ _ Location _____
_____ Street _____ City _____ Zip Code _____
_____ Facility Name _____ Operator Name _____ (____) _____ Phone _____

SECTION 2. RESPONSIBLE PARTY INFORMATION

Name _____ (SS#/FIN#) _____
Address _____ Contact Person _____
_____ City _____ State _____ Zip Code _____ (____) _____ Phone _____
Applicant Type: Tank owner () Property Owner ()
Operator () Other (describe) _____
Date Facility was Purchased _____ Number of USTs operated in Tennessee _____

***Attach a copy of the certified letter and the signed green card, which notified the site owner of a release.**

SECTION 3. DISCOVERY OF CONTAMINATION

Date Contamination Discovered _____ Date Reported to UST _____
What Events Led to Discovery? Release Detection () Inventory Control () Closure () Off-Site Impact ()
Free Product or Vapors Present () Other (describe) _____

SECTION 4. POLLUTION LIABILITY COVERAGE

Do you have pollution liability coverage other than the State Fund? Yes _____ No _____
If yes, name of company and policy number _____

Costs recovered by private insurance for containment, investigation or corrective action will not be reimbursed by the Fund.

SECTION 5. CONTRACTOR/CONSULTANT INFORMATION

Company Name License No. (SS#/FIN#)

Contact Person Phone

**ATTACH COPY OF CONTRACTUAL AGREEMENT WITH CONTRACTOR
FAILURE TO SUBMIT CONTRACT MAY RESULT IN NONPAYMENT FROM REIMBURSEMENT FUND**

SECTION 5. CONTINUED ---CONTRACTOR/CONSULTANT INFORMATION

Company Name License No. (SS#/FIN#)

Contact Person Phone

**ATTACH A COPY OF THE CONTRACTUAL AGREEMENT WITH THE CONTRACTOR
FAILURE TO SUBMIT CONTRACT MAY RESULT IN NONPAYMENT FROM REIMBURSEMENT FUND**

SECTION 6. APPLICANT CERTIFICATION

Submitting false information to obtain reimbursement from the Underground Storage Tank Petroleum Fund may result in criminal prosecution. I agree to be reimbursed from the Fund for costs the State deems to be reasonable and necessary. I certify all information on this application is correct and accurate to the best of my knowledge.

Print or Type Applicant's Name Applicant's Title

Applicant's Signature Date

DO NOT WRITE BELOW THIS LINE - FOR TENNESSEE UST PERSONNEL ONLY

Reviewer's Signature: _____ Date _____

Fund Eligibility has been: Approved () Denied ()

Application Number Assigned _____